

DVHA Routing Form

Type of Agreement: Grant Agreement #: 03410-6111-12 Form of Agreement: Amendment Amendment #: 2

Name of Recipient: Fletcher Allen Health Care Vendor #: 7449

Agreement Manager: Jason Elledge Phone #: 802-879-5946

Brief

Explanation of Agreement: Addition of Health Service Area specific training, consultation and travel.

Start Date: 10/1/2011 End Date: 09/30/2012 Maximum Amount: \$255,510.00

Amendments Only: Maximum Prior Amount: \$245,510.00 Percentage of Change: 4.07%

Bid Process (Contracts Only): ☐ Standard ☐ Simplified ☐ Sole Source ☐ Statutory ☐ Master Contract SOW

Funding Source

Global Commitment 93.778	\$242,200.00	
Special: HIT	\$5,000.00	
Special: Settlement	\$8,310.00	

Contents of Attached Packet

- ☐ AA-14 ☒ Attachments A, B, C & F ☐ Attachment G - Academic Research
☐ Sole Source Memo ☐ Attachment D - Modifications to C & F ☐ MOU
☐ Qualitative/Justification Memo ☐ Attachment E - Business Associate Agreement ☒ Other: Amendment

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones		6/5
DVHA BO	Jill Gould	6/5	6/7/12
DVHA Commissioner	Mark Larson	6/7	6/7/12
AHS Attorney General	Seth Steinzor		6/12/12
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: 341001/21916/550500/41470(\$5000), 341001/20405/550500/41628(\$242,200), 341001/20405/550500/41470(\$8310)

☐ Subrecipient Module Entry
☐ FFATA Entry

Initials & Date

Vision PO #: 3570

RECEIVED

JUN 14 2012

DEPARTMENT OF VERMONT
HEALTH ACCESS

1. **Parties:** This is an Amendment for Grant #03410-6111-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and Fletcher Allen Health Care, (hereinafter called "Grantee"). This is the second change.
2. **Reason for Amendment:** The reason for this Amendment is addition of Health Service Area specific training, consultation and travel.
3. **By deleting on pages 1 of 3 of Amendment #1 dated 5/17/2012, Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 3:**

Maximum Amount: In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$255,510.

4. **By deleting on pages 1 of 3 of Amendment #1 dated 5/17/2012, Section 5 "Source of Funds" and its contents, and substituting in lieu of thereof the following Section 5:**

Source of Funds: GC \$ 242,200 Special: HIT \$5,000 Settlement \$ 8,310

5. **By adding on page 10 of 27, the following section to Attachment A (Scope of Work), at the end of the page:**

J. HSA-Specific Training, Consultation, and Travel Expenses:

Upon approval of the assigned Blueprint Assistant Director, the Grantee will coordinate training, consultation, and travel expenses up to \$10,000 for project management, community health team staff, practice facilitation, community-based self-management programs and Blueprint primary care practices. These activities will include support for learning collaboratives, travel to statewide meetings, registration fees for training events, and speaker's fees.

6. **By adding on page 15 of 27, the following passage to Attachment B (Payment Provisions) immediately preceding the "Incentives" heading:**

HSA-Specific training, consultation, and travel expenses:

The Grantee will invoice the State monthly for the actual expenses incurred for training, consultation and travel not to exceed \$10,000. Mileage expense for use of personal vehicles will be reimbursed at the current State rate. Meals will be reimbursed as actual expenses up to the current State rate.

Upon receipt of Tobacco Treatment Specialist (TTS) certification, the Grantee may invoice the State at a rate of \$250 per certified person for up to 1 person.

7. **By deleting the budget table on page 17 of 27 in Attachment B, and substituting in lieu of thereof the following budget table:**

Approved Budget for SFY 2012:

Project Management	\$80,000
HIT Data Entry	\$5,000
Self-Management Programs	\$58,200
Practice Facilitation	\$86,000
H.S.A. Specific Training, Consultation &	\$10,000

Travel	
Tobacco Cessation Training	\$8,310
Program Budget Total	\$247,510
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
Total	\$255,510

8. **Amendment:** All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

STATE OF VERMONT

By:

Mark Larson, Commissioner

AHS/DVHA

Date:

6-28-12

GRANTEE

By:

Anna T. Noonan

Fletcher Allen Health Care

Date:

6-28-2012